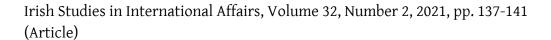A Crowded Stage: A Response to 'Cross-Border Cooperation Health in Ireland' by Deirdre Heenan

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A Crowded Stage

A RESPONSE TO 'CROSS-BORDER COOPERATION HEALTH IN IRELAND', BY DEIRDRE HEENAN

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That's not a political point, that's a purely medical, scientific point.

These are the words attributed to Michelle O'Neill, Deputy First Minister of Northern Ireland, in relation to an all-Ireland basis for the fight against Covid-19, as Northern Irish restrictions increased in mid-October 2020.[1] Around the same time, Professor Gabriel Scally, highly regarded in the Republic of Ireland because of his role leading the *Scoping Inquiry into the Cervical Check Screening Programme*, was widely quoted as highlighting that an all-Ireland approach would be in place if Covid-19 affected animals rather than humans.[2] Heenan's timely article on cross-border cooperation in health in Ireland, with particular reference to Covid-19, therefore usefully highlights many political and health system issues that are becoming of greater relevance day-to-day in late 2020. The cross-border focus has become sharper in the media and political

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[1] See *RTÉ News*, 'Covid-19: Five further deaths and 1,095 new cases', 14 October 2020, available at: https://www.rte.ie/news/2020/1014/1171565-covid-ireland-latest/ (5 December 2020).
[2] See *Irish Examiner*, 'Health expert calls for all-island approach to tackling pandemic', 15 October 2020, available at: https://www.irishexaminer.com/news/arid-40065806.html (5 December 2020).

discourse as cases have risen exponentially and restrictions have increased on both sides of the border. Schools closed for an extended break in Northern Ireland on 16 October 2020 and all counties in the republic moved to Level 5 (the highest level of restriction in the government's plan) on 22 October 2020. The high levels of cross-border movement of people implied in the rates and patterns of transmission across the border highlight the already-known difficulties to likely ensue from Brexit. The lack of cross-border contact tracing arrangements has also been recently highlighted. The early arrangements described by Heenan are telling, citing the Memorandum of Understanding signed on 14 March 2020 by senior ministers from both Northern Ireland and the Republic of Ireland 'to tackle the outbreak'. This was not an outbreak but had been declared a pandemic by the WHO on 11 March.[3] The scale and longevity of this crisis was scarcely anticipated.

Heenan highlights how politically divisive the question of cross-border cooperation on health (in this case) can be, probably not surprisingly so. Nationalist calls for an all-Ireland approach to health, at present for COVID-19, are construed as a means for a united Ireland; on the other hand aligning to London's response is also seen as partisan, given devolved health governance. It may also be judged as unwise due to the nature of the response from the UK, out of line with the WHO and many EU countries. Furthermore, Heenan rightly highlights the confluence of three sets of very particular political circumstances as affecting any likely increased cross-border cooperation on health (or anything else, arguably); namely Brexit, the very recent restoration of the Assembly and the Irish government arrangements. It is not possible to ignore the enduring but also escalating tensions about Brexit and their impact on Irish-UK relations, as the 1 January 2021 withdrawal date approaches. The very recent restoration of devolution to the Northern Ireland Assembly after three years both reflects and influences political tensions, as well as the more practical knock-on effects on the North South Ministerial Council, as Heenan observes. Finally, there is the unprecedented and arguably unstable political arrangement in the republic following the February 2020 general election resulting in the eventual formation in late June 2020 of a Fianna Fáil/Fine Gael/ Green Party coalition government, following a long caretaker government which governed through the first wave of the pandemic. Within that election

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[3] See *RTÉ News*, 'WHO declares coronavirus outbreak a pandemic', 11 March 2020, available at: https://www.rte.ie/news/coronavirus/2020/0311/1121530-coronavirus-world/ (5 December 2020).

Sinn Féin got 37 seats to Fianna Fáil's 38 (including the Ceann Comhairle, chairperson of the Dáil) and Fine Gael's 35 seats. These results also changed the overall political balance and dynamic, with Sinn Féin the largest and very vocal opposition party, bringing a more prominent north-south, indeed all-Ireland dimension to the political discourse in the Republic of Ireland. Heenan mentions that in the post-Brexit discussions and its implications for Ireland, 'health has moved to centre stage', but it may be that health has just moved on stage at all, and it is of course a very crowded stage with very pressing trade, and other, issues. Combined, all of these political factors undoubtedly add up to create a very unusual context affecting responses north and south of, and across, the border to this massive public health threat.

Even if these circumstances were somewhat less unfortunate, there are major differences in the health systems both sides of the border that make cooperation very difficult, as Heenan outlines. The shocking lack of availability of Covid-19 related data and the defensive systemic response to that in Northern Ireland is well described by Heenan. This has not been seen in the republic, though there is some sporadic resistance to the health data presented and the government's response. More fundamentally though, the health system in the republic has major structural problems that constitute a significant barrier to practical cooperation to any great extent. Generally there are three major interrelated weaknesses with the Irish health system: long waiting lists, inadequate primary care and inadequate hospital capacity.[4] Walsh *et al.* highlight just how comparatively unprepared this system was for Covid-19, with these existing weaknesses, and more specific ones like low Intensive Care Unit (ICU) capacity forcing the government's overall responses to Covid-19.[5] Heenan cites Michelle O'Neill as saying that expansion of cross-border provision could help reduce Northern Ireland's dire waiting lists. This shows a huge misunderstanding of the Republic of Ireland's own waiting lists and grossly inadequate capacity, since as Social Justice Ireland (2020) highlight, 601,362 people were on outpatient waiting lists in July 2020 in the republic, increasing every year since 2014.

[4] OECD/European Observatory on Health Systems and Policies, *Ireland: Country Health Profile 2019. State of Health in the EU* (Paris and Brussels, 2019). Available at: https://doi.org/10.1787/2393fd0a-en https://www.oecd.org/ireland/ireland-country-health-profile-2019-2393fd0a-en.htm (23 October 2020).
[5] Brendan Walsh *et al.*, 'How is Ireland's healthcare system coping with coronavirus?' *Economics Observatory*. Available at: https://www.coronavirusandtheeconomy.com/question/how-irelands-healthcare-system-coping-coronavirus (23 October 2020).

Ireland remains the only western European country without universal coverage for primary care.[6]

Of more profound and almost immeasurable importance (to those in the republic, and in this context, to any imagined convergence of health systems) is that the Republic of Ireland has never had a universal health service. The NHS across the UK is epitomised by access to free primary care, including General Practitioner (GP) care. Heenan outlines the unionist and nationalist perspectives on the NHS and the limits of the NHS in practice, rather than ideology, are clear. However the ideology and ideals of the NHS are important for those without a free primary care service. Primary care visits to GPs are paid for at the point-of-care in the republic by all those (approximately 70% of the population), who are not eligible for 'medical cards', under the General Medical Scheme (GMS), though in the current context (two per person) Covid-related consultations are free for all.[7] Burke *et al.* are currently drawing on Covid-19 related system improvements in their study of the implementation of Sláintecare, the ten-year health strategy, developed by a cross-party Committee, which is promising work.[8] Though welcomed, this strategy has been only slowly implemented in its first few years. It will eventually enable free at the point-of-care access to general practitioners and other services, as well as seeking to dismantle the two-tier (public-private) health system. Without a real shift to a universal system, the gap between what is expected and delivered north and south of the border is considerable, whatever the limitations of the NHS.

In conclusion, practical barriers to cooperation as well as political divisions have been amplified throughout Covid-19 responses. The ideas to improve cross-border cooperation on health such as an All-Island Health Committee proposed by Heenan could be useful, with associated independent and rigorous analysis and dissemination. However, in the meantime, it is clear that both political divisions and set-pieces, and the significant differences across

[6] OECD, *Ireland: Country Health Profile 2019*, 3.
[7] Sara Burke *et al.*, 'Health System Response Monitor Ireland. WHO Regional Office for Europe, the European Commission, and the European Observatory on Health Systems and Policies'. Available at: https://www.covid19healthsystem.org/countries/ireland/countrypage.aspx (23 October 2020).
[8] Sara Burke *et al.*, 'Health system foundations for Sláintecare implementation in 2020 and beyond: co-producing a Sláintecare Living Implementation Framework with Evaluation. Learning from the Irish health system's response to Covid-19. A mixed-methods study protocol' HRB Open Research (2020), 70. Available at: https://hrbopenresearch.org/articles/3-70 (23 October 2020).

both health systems, are the greatest impediment to greater cooperation. The current challenges for politicians and health authorities are so great both sides of the border that there seems limited capacity for new ways of working, however suitable an (unfortunate) opportunity has been presented with Covid-19.

Read Deirdre Heenan's article,
'Cross-Border Cooperation Health in Ireland',
https://doi.org/10.3318/ISIA.2021.32b.10